

Instructions for Birth Plan That Supports Breastfeeding Mothers

Following are some clarifications that may be helpful in discussing options mothers may want to request. After discussing these options, mothers can check those items they wish to have included in their birth plan. Copies can be placed in her record and given to her to carry with her.

1 – 2 It is usually best to let labor start on its own. This is much healthier for mothers and babies. Mothers should not try to encourage MDs to “push” the labor along or to deliver on a certain date. Uterine cells respond best when their “receptors” are mature and ready to deliver. Each woman and baby is different and not necessarily ready at the exact due date. Rushing labor will not allow her body to stretch and may cause her more discomfort than allowing labor to progress naturally.

3 – 5: Labor progresses much more quickly and requires less medication when mother has one or two support people with her and when she is allowed to move around. Clear liquids and light foods can help her maintain her strength during early labor.

6 - 7: The importance of skin-to-skin has recently been re-discovered. Studies have found that women have higher body temperatures on their chest and the baby’s temperature, pressure and respirations are more stable than when he or she is wrapped and placed in a warmer. Most of the care an infant requires can be provided while on mom’s chest – and weighing, eye ointments and bathing can wait without compromising the baby’s health. Mothers also benefit from a few hours of getting to know their babies without interruption.

8 – 10: Babies, whether breast or bottle fed, do better if they are allowed to feed small (1/2 oz) frequent feeds following the baby’s cues rather than the clock. Infants’ stomach volume starts out about the size of a chick-pea or almond and grows to the size of a walnut by day 3. It is better for the baby to get small amounts every hour than large amounts, which artificially stretch the baby’s stomach too early. Having the baby in their room will allow a mother to:

- Learn her baby’s hunger and satiation cues
- Practice caring for her baby
- Learn THIS baby’s patterns (even if she has had 5, this baby is DIFFERENT)
- Allow additional skin-to-skin time so that baby and mother have time to look, smell, feel and know each other.

11: All babies should be seen within 3- 4 days after birth according to the American Association of Pediatrics. Mothers’ appointments should also be made, as often they get so distracted with their baby’s care they forget to care for themselves. A WIC referral should also be made, and mother should be reminded that if she needs help with breastfeeding, WIC is available even before her regular appointment.

12: Even while preparing a mother for a normal birth, the HW should also prepare mothers to advocate for themselves and their babies in case of complications. Mothers need to be aware of the importance of early and frequent milk removal if they plan to breastfeed their baby but cannot be with him/her.

Mothers specifically request that the following interventions NOT occur:

- a. Unnecessary surgical interventions such as rupture of bag of waters or episiotomies expose mother and baby to risks of infection.
- b. Use of pacifiers, bottles, water or formula can reduce the frequency of breastfeeding and delay mother’s milk production.